Effect	live October 1, 2003	19300	07-0	U, V			
CLAIMS A	S FILED - PART I	SMALL ENTITY		THAN			
TOTAL 01 41110	(Column 1) (Column 2)	TYPE -	OR SMALL		٠.		
TOTAL CLAIMS	30	RATE FEE	PATE BASIC FEE	770.00	•		
FOR	NUMBER FILED NUMBER EXTRA	9ASIC FEE 385.00	¹⁰				
TOTAL CHARGEABLE CLAIMS	30 minus 20= 10	XS 9-	OR X\$18=	180	. ~	`	
INDEPENDENT CLAIMS	J minus 3 =	X43=	OR X86=			>	
MULTIPLE DEPENDENT CLAIM P	RESENT	+145=	OR +290=		<u> </u>		
• If the difference in column 1 is	less than zero, enter "O" in column 2	TOTAL	OR TOTAL	950	<i>></i> €)	
	AMENDED - PART II		OTHER		\sim	9	
(Column 1)	(Column 2) (Column 3)		OR SMALL		*:	<u>ک</u>	
Total . 22	HIGHEST MAMBER PREVIOUSLY RAID FOR	RATE TIONAL FEE	RATE	ADDI- TIONAL FEE		1	
AMENDMENT	Minus - 30 - 1)	X\$ 9=.	OR XS18=		\ 	\mathcal{N}	
Independent 2	Minus 2 - ()	X49.	1			,	
FIRST PRESENTATION OF M	ULTIPLE DEPENDENT CLAIM	 / 		₩ · •		D	
		+145=	OR +290=				
		ADDIT PEE	OR NOOTE PER		Tar:		
(Column 1)	(Column 2) (Column 3)	1 2 / 1	, <u>, </u>	1 4001	• •		
CLAMS REMAINING	NUMBER PRESENT : PREVIOUSLY EXTRA	RATE TIONAL	RATE	ADDI- TIONAL			
AFTER AMENOMENT	PAID FOR	FEE	!	FEE	· .		
REMAINING AFTER AMENDMENT Total Local Loca	Mirus = 30 =	XS 9=	OR X\$18=				
Independent • 2	Minus ese 3 =	X43=	OR X86=				
FIRST PRESENTATION OF, M	ULTIPLE DEPENDENT CLAIM	+145=	OR +290=	V			
		TOTAL	YOW	4	•		
		ADOXT, FEE	OR ADDIT, FE	EL) `		
(Column 1)	(Cotumn 2) (Cotumn 3)	TADD#	,	T ADDI	/		•
	NUMBER PRESENT PREVIOUSLY EXTRA	RATE TROPIAL	RATE	ADDI- TIONAL FEE			
Z / / // AMENDMENT		I III	1 1			·	
Total Propendent •	Mirrors / 1 -	X\$ 9•	OR X\$18=	<i></i>			
	INLTIPLE DEPENDENT CLAIM	X43= /	OR X86-/				
PIRST PRESERLATION OF M	DETERE DEPENDENT CO.	+145-	OR +250-	1 1			
* If the entry in culumn 1 is less than 1	the entry in column 2, write "O" in column 3.	TOTAL	OR TOTAL				
** If the "Highest Number Previously F	aid For" IN THIS SPACE is less than 20, enter "20. Paid For" IN THIS SPACE is tess than 3, enter "3." aid For" (Total or Independent) is the highest number	you'll FEE					
The "Kighest Number Previously Pt	10 tota di giorbigionini e un inflica i se i e	<i>)</i> ·	•				
FORM PTO-675 (Rev. 1000)		Paters and Yescomets Office.	LE DEPARTMENT	On COMMENCE			
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